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## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	HEREWITH
First Named Inventor	William H. Cork
Group Art Unit	
Examiner Name	
Attorney Docket Number	F-5629

I hereby appoint:

☐ Practitioners at Customer Number  **OR**

☒ Practitioner(s) named below:

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Label here

Name	Registration Number
Bradford R. L. Price	29,101
Amy L. H. Rockwell	32,094
Michael C. Mayo	38,545
Gary W. McFarron	27,357

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

**OR**

<input checked="" type="checkbox"/> Firm or Individual Name	Bradford R. L. Price				
Address	Baxter Healthcare Corporation - Fenwall Division, RLP-30				
Address	P.O. Box 490 - Route 120 & Wilson Road				
City	Round Lake	State	Illinois	Zip	60073
Country	USA				
Telephone	(847) 270-2632	Fax	(847) 270-2658		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

### SIGNATURE of Applicant or Assignee of Record

Name Kyungyoon Min

Signature 

Date 9/25/01

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☒ \*Total of 6 forms are submitted.

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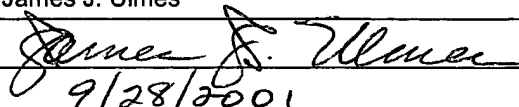
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### SIGNATURE of Applicant or Assignee of Record

Name	James J. Ulmes
Signature	
Date	9/28/2001

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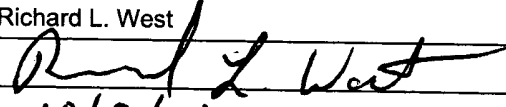
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Name	Richard L. West
Signature	
Date	10/9/01

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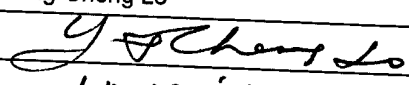
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### SIGNATURE of Applicant or Assignee of Record

Name	Ying-Cheng Lo
Signature	
Date	10-02-01

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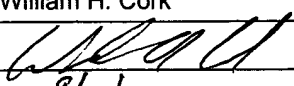
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Name	William H. Cork
Signature	
Date	9/17/01

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First Named Inventor

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Group Art Unit

Examiner Name

Attorney Docket Number F-5629

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Individual Name

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Address

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Address

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### SIGNATURE of Applicant or Assignee of Record

Name

Mark C. Weber

Signature

Date

9/17/01



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## DECLARATION — Utility or Design Patent Application

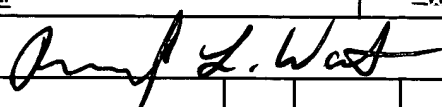
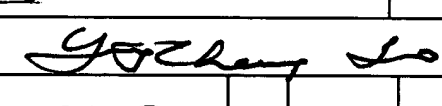

Direct all correspondence to: <input type="checkbox"/>		Customer Number or Bar Code Label	<input type="checkbox"/>		OR <input checked="" type="checkbox"/>	Correspondence address below	
<b>Name</b> <u>Bradford R. L. Price</u>							
<u>Baxter Healthcare Corporation</u> <u>Fenwal Division, RLP-30</u> <b>Address</b> <u>P.O. Box 490 - Route 120 &amp; Wilson Road</u>							
<b>City</b> <u>Round Lake</u>				<b>State</b> <u>IL</u>	<b>ZIP</b> <u>60073</u>		
<b>Country</b> <u>USA</u>		<b>Telephone</b> <u>(847) 270-2632</u>			<b>Fax</b> <u>(847) 270-2658</u>		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
<b>NAME OF SOLE OR FIRST INVENTOR:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
<b>Given Name</b> (first and middle [if any]) <u>William H.</u>				<b>Family Name</b> or Surname <u>Cork</u>			
<b>Inventor's Signature</b> 				<b>Date</b> <u>9/7/01</u>			
<b>Residence: City</b> <u>Lake Bluff</u>		<b>State</b> <u>IL</u>	<b>Country</b> <u>USA</u>	<b>Citizenship</b> <u>USA</u>			
<b>Mailing Address</b> <u>439 W. Sheridan Place</u>							
<b>City</b> <u>Lake Bluff</u>		<b>State</b> <u>Illinois</u>	<b>ZIP</b> <u>60044</u>	<b>Country</b> <u>USA</u>			
<b>NAME OF SECOND INVENTOR:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
<b>Given Name</b> (first and middle [if any]) <u>James J.</u>				<b>Family Name</b> or Surname <u>Ulmes</u>			
<b>Inventor's Signature</b> 				<b>Date</b> <u>10/10/01</u>			
<b>Residence: City</b> <u>Lake Zurich</u>		<b>State</b> <u>IL</u>	<b>Country</b> <u>USA</u>	<b>Citizenship</b> <u>USA</u>			
<b>Mailing Address</b> <u>575 Cortland Drive</u>							
<b>City</b> <u>Lake Zurich</u>		<b>State</b> <u>Illinois</u>	<b>ZIP</b> <u>60047</u>	<b>Country</b> <u>USA</u>			
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.							

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## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page 1 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
<u>Richard L.</u>				<u>West</u>				
Inventor's Signature						Date	<u>10/9/01</u>	
Residence: City	<u>Lake Villa</u>	State	<u>IL</u>	Illinois	Country	<u>USA</u>	Citizenship	<u>USA</u>
Post Office Address		<u>37162 N. Lake Shore Drive</u>						
Post Office Address								
City	<u>Lake Villa</u>	State	<u>IL</u>	Illinois	ZIP	<u>60046</u>	Country	<u>USA</u>
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
<u>Ying-Cheng</u>				<u>Lo</u>				
Inventor's Signature						Date	<u>10-02-01</u>	
Residence: City	<u>Green Oaks</u>	State	<u>IL</u>	Illinois	Country	<u>USA</u>	Citizenship	<u>USA</u>
Post Office Address		<u>225 Fox Run Road</u>						
Post Office Address								
City	<u>Green Oaks</u>	State	<u>IL</u>	Illinois	ZIP	<u>60048</u>	Country	<u>USA</u>
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
<u>Mark C.</u>				<u>Weber</u>				
Inventor's Signature						Date	<u>9/17/01</u>	
Residence: City	<u>Algonquin</u>	State	<u>IL</u>	Illinois	Country	<u>USA</u>	Citizenship	<u>USA</u>
Post Office Address		<u>800 Birch Street</u>						
Post Office Address								
City	<u>Algonquin</u>	State	<u>IL</u>	Illinois	ZIP	<u>60102</u>	Country	<u>USA</u>

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## ADDITIONAL INVENTOR(S)

Supplemental Sheet

Page 4 of 4

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

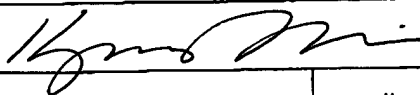
Given Name (first and middle [if any])

Family Name or Surname

Kyungyoon

Min

Inventor's  
Signature



Date

Dec 10, 2001

Residence: City

Gurnee IL

State

IL

Country

USA

Citizenship

South Korea

Mailing Address

Mailing Address 7267 Clem Drive

City

Gurnee

State

IL

ZIP

60031

Country

USA

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Inventor's  
Signature

Date

Residence: City

State

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Mailing Address

Mailing Address

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State

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Family Name or Surname

Inventor's  
Signature

Date

Residence: City

State

Country

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Mailing Address

Mailing Address

City

State

ZIP

Country

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